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Date: March 19, 2007

<u>To:</u> Examiner Annan Q. Shang	<u>Fax:</u> (571) 273-8300	<u>Art Unit:</u> 2623
<u>From:</u> Guojun Zhou Intel Corporation	<u>Fax:</u> (503) 264-1729	<u>Mailstop:</u> JF3-147
<u>Subject:</u> 09/822,603	<u>Docket Number:</u> P10779	<u>Filing Date:</u> March 30, 2001
		<u>Inventor:</u> Guojun Zhou

### Message:

**Included in this Transmission:**

- Facsimile Cover Sheet (1 page)
- Request for Continued Examination (1 page)
- Fee Transmittal (1 page submitted in duplicate)
- Petition for Extension of Time (1 page)
- Response and Preliminary Amendment to Office Action (10 pages)

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MAR 19 2007

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

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*Effective on 12/08/2004.*

*Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*

## FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)  
**1240.00**

### *Complete If Known*

Application Number	09/822,603
Filing Date	March 30, 2001
First Named Inventor	Guojun Zhou
Examiner Name	Annan Q. Shang
Art Unit	2623
Attorney Docket No.	P10779

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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 under 37 CFR 1.16 and 1.17

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		<u>Fees Paid (\$)</u>
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

##### Small Entity

Fee (\$) 50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
- 3 or HP =	x	=			

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination and Two-Month Extension 1240.00

### SUBMITTED BY

Signature	/Guojun Zhou/Reg. No. 56,478/	Registration No. (Attorney/Agent)	Telephone 503-284-1700
Name (Print/Type)	Guojun Zhou		

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